



Modified 02-03

PTO/SB/21 (01-03)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Pat

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> Mail Stop: AMENDMENT Express Mail Receipt No. Total Number of Pages in This Submission	Application / Conf. No.	10/644,132 / 5337
	Filing Date	August 20, 2003
	First Named Inventor	Jason H. Anderson
	Examiner Name	Binh C. Tat
	Art Unit	2825
	Patent No.	
Attorney Docket Number		X-946 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	Three (3) references
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)	Remarks	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Customer Number	24309 (Customer Number)	Reg. Number 37,652
Attn: Kim Kanzaki		
Signature		
Date	December 19, 2005	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:			
Typed or Printed Name	Pat Tompkins		
Signature	Pat Tompkins	Date	December 19, 2005

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.



IFW

PTO/SB/17 (10-02)
Approved for use through 10-31-2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision</i>		Complete if Known		
		Application / Conf. No.	10/644,132 / 5337	
		Filing Date	August 20, 2003	
		First Named Inventor	Jason H. Anderson	
		Examiner Name	Binh C. Tat	
		Art Unit	2825	
TOTAL AMOUNT OF PAYMENT (\$)		180.00	Attorney Docket No.	X-946 US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to: <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		3. ADDITIONAL FEES Large Entity Fee Fee Code (\$)	
FEE CALCULATION		Fee Description Fee Paid	
1. BASIC FILING FEE		1051 130 Surcharge - late filing fee or oath	
Large Entity Fee Fee Fee Description Fee		1052 50 Surcharge - late provisional filing fee or cover sheet.	
Code (\$)		1812 2,520 For filing a request for exparte reexamination	
1001 770 Utility filing fee		1804 920* Requesting publication of SIR prior to Examiner action	
1002 330 Design filing fee		1805 1,840* Requesting publication of SIR after Examiner action	
1003 510 Plant filing fee		1251 120 Extension for reply within first month	
1004 790 Reissue filing fee		1252 450 Extension for reply within second month	
105 160 Provisional filing fee		1253 1020 Extension for reply within third month	
SUBTOTAL (1) (\$)		1254 1,530 Extension for reply within fourth month	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1255 2,080 Extension for reply within fifth month	
Total Claims -20** = Extra Fee from below Fee Paid		1401 500 Notice of Appeal	
Indep. Claims - 3** = X Fee Paid		1402 500 Filing a brief in support of an appeal	
Multiple Dependent Claims X Fee Paid		1403 1000 Request for oral hearing	
**or number previously paid, if greater; For Reissues, see below		1451 1,510 Petition to institute a public use proceeding	
Large Entity Fee Fee Fee Description		1452 110 Petition to revive - unavoidable	
Code (\$)		1453 1,370 Petition to revive - unintentional	
1202 18 Claims in excess of 20		1501 1,370 Utility issue fee (or reissue)	
1201 86 Independent claims in excess of 3		1460 130 Petitions to the Commissioner	
1203 290 Multiple dependent claim, if not paid		1807 50 Petitions related to provisional applications	
1204 86 **Reissue independent claims over original patent		1806 180 Submission of Information Disclosure Stmt	
1205 18 **Reissue claims in excess of 20 and over original patent		8021 40 Recording each patent assignment per property (times number of properties)	
SUBTOTAL (2) (\$)		1809 790 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 790 For each additional invention to be examined (37 CFR 1.129(b))	
		1801 790 Request for Continued Examination (RCE)	
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 180.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652
Signature		Telephone	408-879-6149
		Date	12-19-2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.